

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25873

1. PLACE OF DEATH
 36 County Franklin Registration District No. 216
 7 Township _____ Primary Registration District No. 4180
 2 City Union (No. _____) St. _____ Ward _____

2. FULL NAME Albert Munchseang
 (a) Residence No. County Infirmary St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? 50 yrs. mos. ds.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15, 1951

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 7 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Miller
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Germany 10
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown 31
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Wm. Dress
 (Address) Union, Mo.

15. FILED Apr 15 1932 E. A. Stuber
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 31 1932
 17. I HEREBY CERTIFY, That I attended deceased from 6/2/32
 _____, 1932, to Aug 31, 1932
 that I last saw him alive on Aug 30, 1932 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Antisepsis
97 97 (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
 (Signed) John R. Mandall, M. D.
 _____, 19 _____ (Address) Union, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Anatomical Board
St. Louis, Mo. DATE OF BURIAL Sept. 15 1932

UNDERTAKER Union Turn. Co.
By W. H. Horn ADDRESS Union, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1007 25 1932

